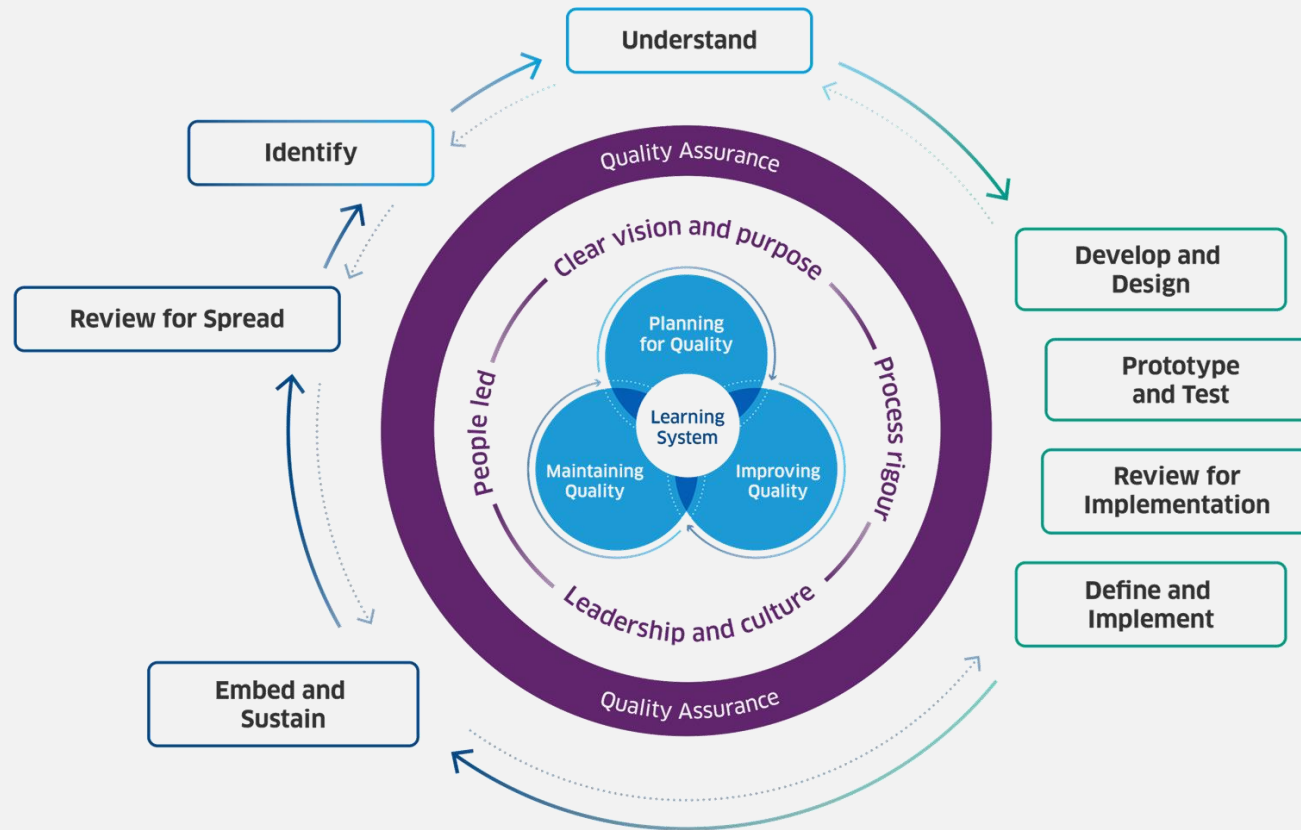# Scottish Approach to Change

Case Study: Reducing Drug-Related Harm by Proactive Outreach in a Rural Emergency Department

August 2025

The Scottish Approach to Change

The Scottish Approach to Change includes two aspects:
- the **Steps of Change** – which outline the process that should be undertaken when delivering change, and
- the **Enablers for Change** – the other aspects that are essential to enabling successful change.

The Scottish Approach to Change is integrated with the HIS Quality Management System Framework. It explains how to use a quality management system approach through a change process.

DR HOPE

This Case Study outlines how the Scottish Approach to Change has been used by the **DR HOPE** project, showing how the steps of change and the enablers of change have been used in practice to deliver change.
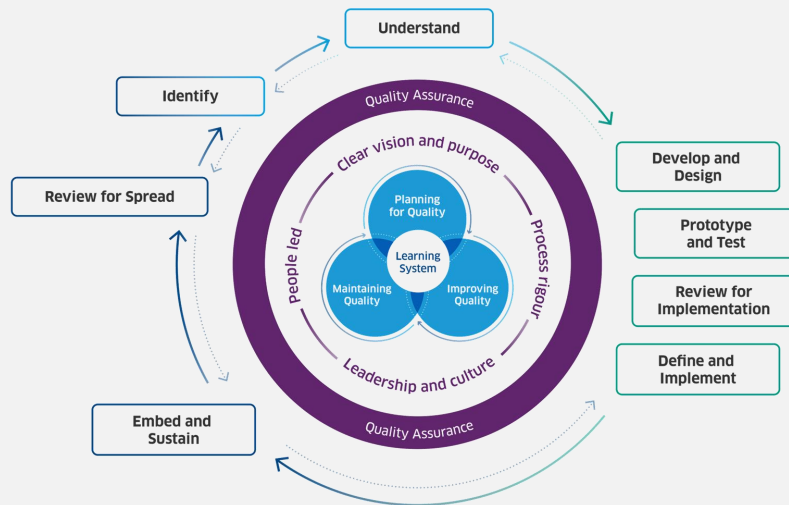

The Reducing Drug-Related Harm by Proactive Outreach in the Emergency Department (DR HOPE) project aims to **achieve a reduction in non-fatal overdoses and drug-related death**.

The DR HOPE project is:
- testing and implementing the use of a trigger checklist to identify those who attend a remote and rural emergency department (ED) most at risk of drug-related harm
- assertively outreaching for those at risk of drug-related harm within 48 hours of their ED attendance, and
- exploring the factors that influence how, why, when, and for whom the trigger checklist is completed in the ED.

The Steps of Change
How did they make the change?
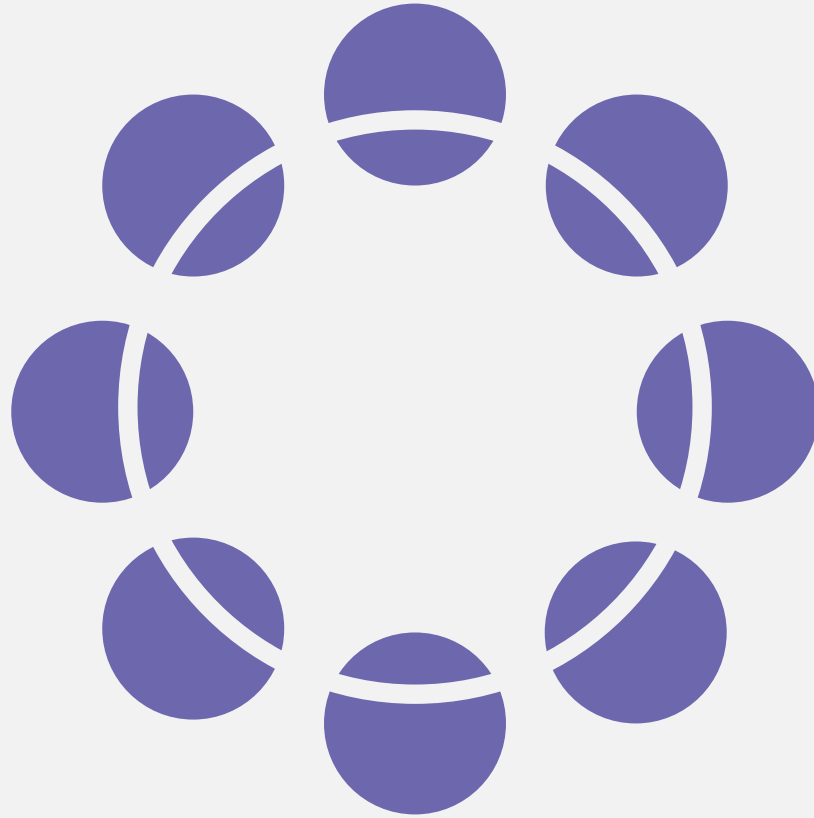
Identify

The DR HOPE project followed the 'identify' step by:

- **Identifying the problem**: despite incremental improvements across Scotland the number of Drug-Related Deaths in the Highlands continues to rise. Medication Assisted Treatment (MAT) Standards state that "all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT." Current processes and systems were not timely enough to identify and outreach those at risk.

Understand

Identify

The DR HOPE project followed the 'understand' step by:

- **Understanding the system** – creating a process map to understand the current system of outreaching between the ED and the recovery service.

- **Understanding the impact on people, including:**
  - listening to those affected
  - routine data collection in locality showed a high rate of drug-related harm
  - experience highlighted associated harm is wide reaching; beyond the individual, the family, and the community, and
  - rural challenges can hinder access to services and resource.

- **Understanding the evidence base** – proactive outreach (outreach workers visiting home address) could offer a protective effect.

- **Understanding what needed to change:**
  - missed opportunities (identifying who)
  - connecting the services (sharing intelligence), and
 - speed of response (outreach was too slow).

Healthcare Improvement Scotland

Identify

Understand
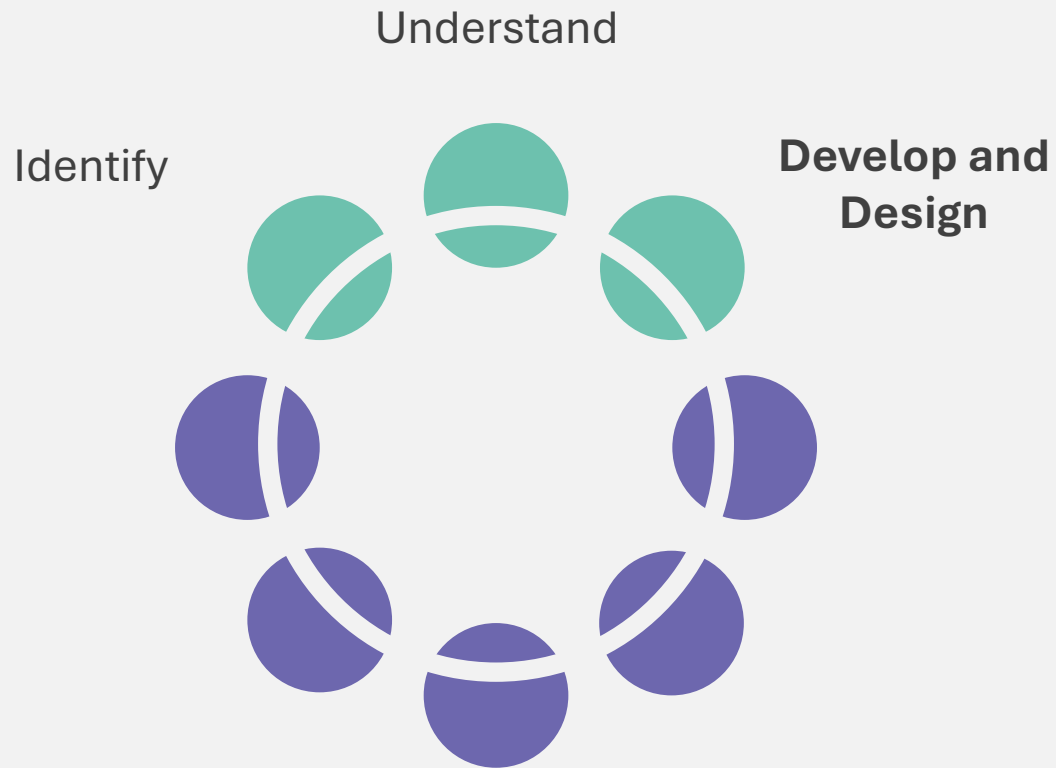
Develop and Design

The DR HOPE project followed the 'develop and design' step by:

- **creating a trigger checklist** – recovery service staff and those accessing recovery services created the checklist (prior to testing in the ED)
- **engaging stakeholders** in an advisory group
- **ensuring sufficient capacity** – two additional outreach workers in place
- **developing a driver diagram** to understand what was needed
- **drafting a measurement plan** for ongoing measurement over time, and
- **creating a future state process map** to plan how the trigger checklist could work in the ED and connect out to the recovery service quickly.

Healthcare Improvement Scotland

Understand

Identify

Develop and Design
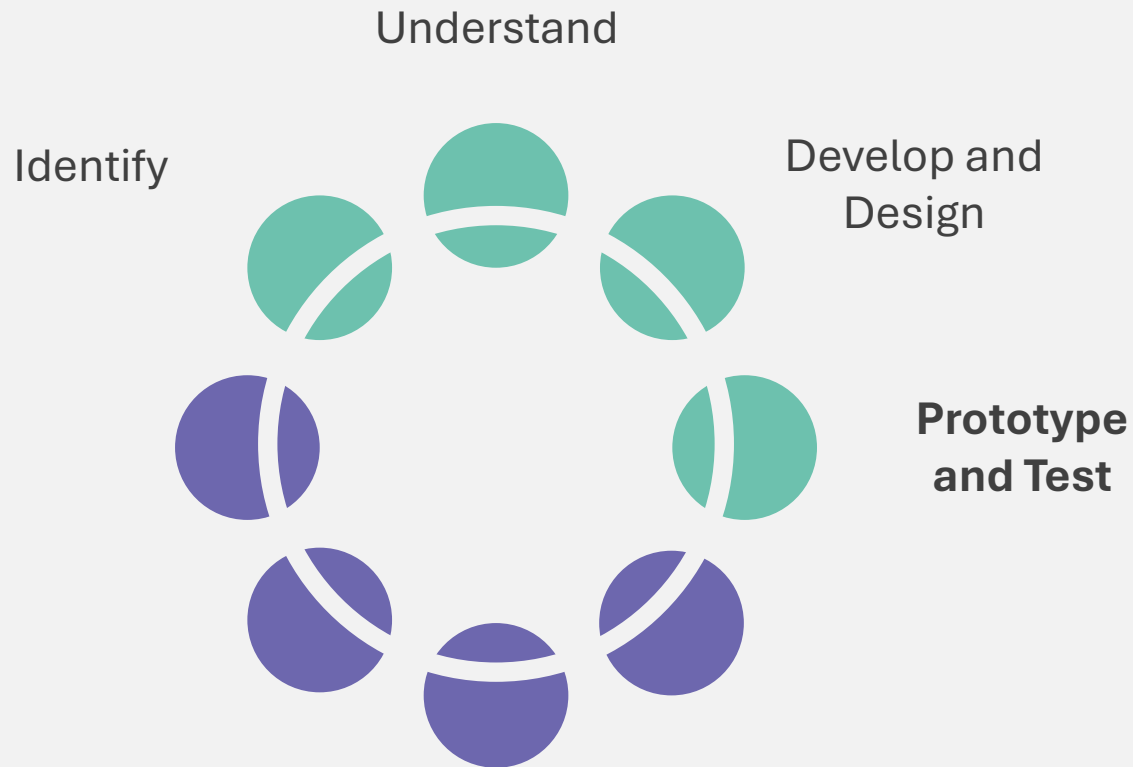
Prototype and Test

The DR HOPE project followed the 'prototype and test' step by:

- **testing the use of the trigger checklist** in the ED
- **outreach workers visiting the ED** twice daily to collect completed trigger checklists
- **using small scale PDSA cycles** (plan, do, study, act) to test and learn about the process, and
- **developing initial programme theories** to capture the ideas about how the trigger checklist worked, for whom, and in what situations (realist evaluation).

Understand

Identify

Develop and Design

Prototype and Test

Review for Implementation
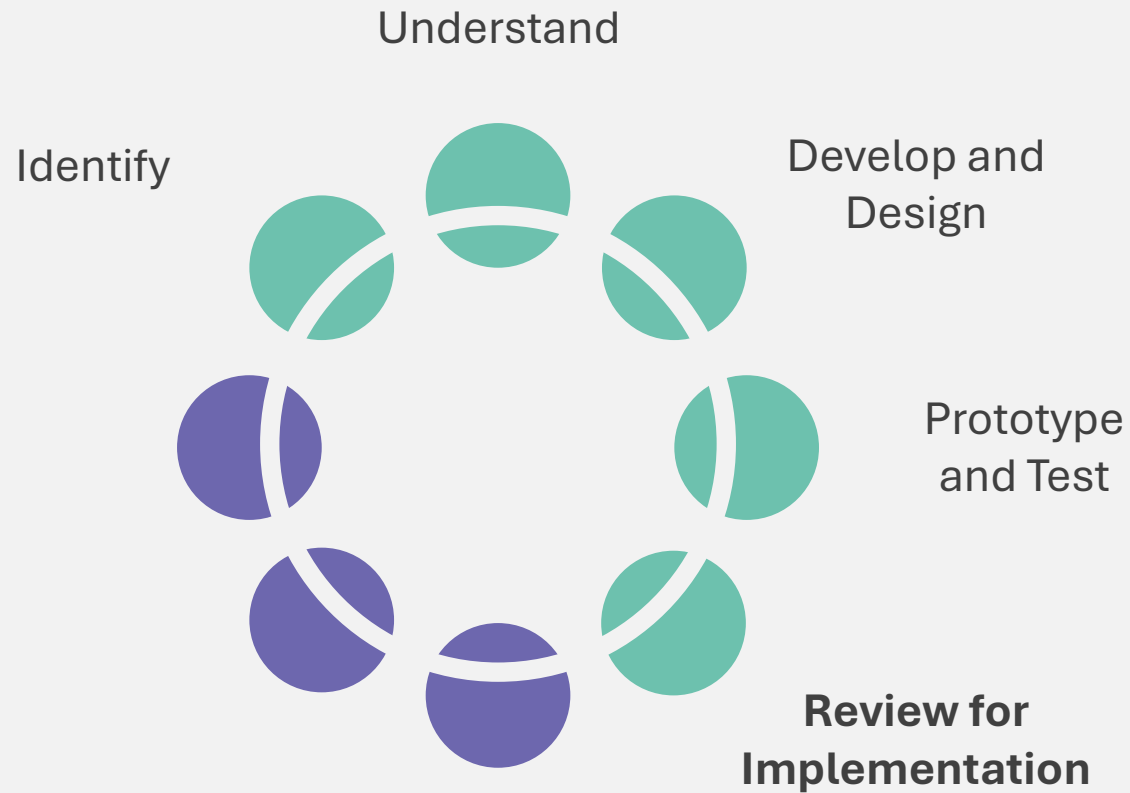
The DR HOPE project followed the 'review for implementation' step by:

- **making changes based on learning** from prototyping and testing
- **listening and acting on frontline staff feedback** (ED and recovery service)
- **reviewing process and outcome measures**
- **testing and refining programme theories** by interviewing ED and outreach staff, and
- **listening to people** who are at risk of drug-related harm.

Healthcare Improvement Scotland
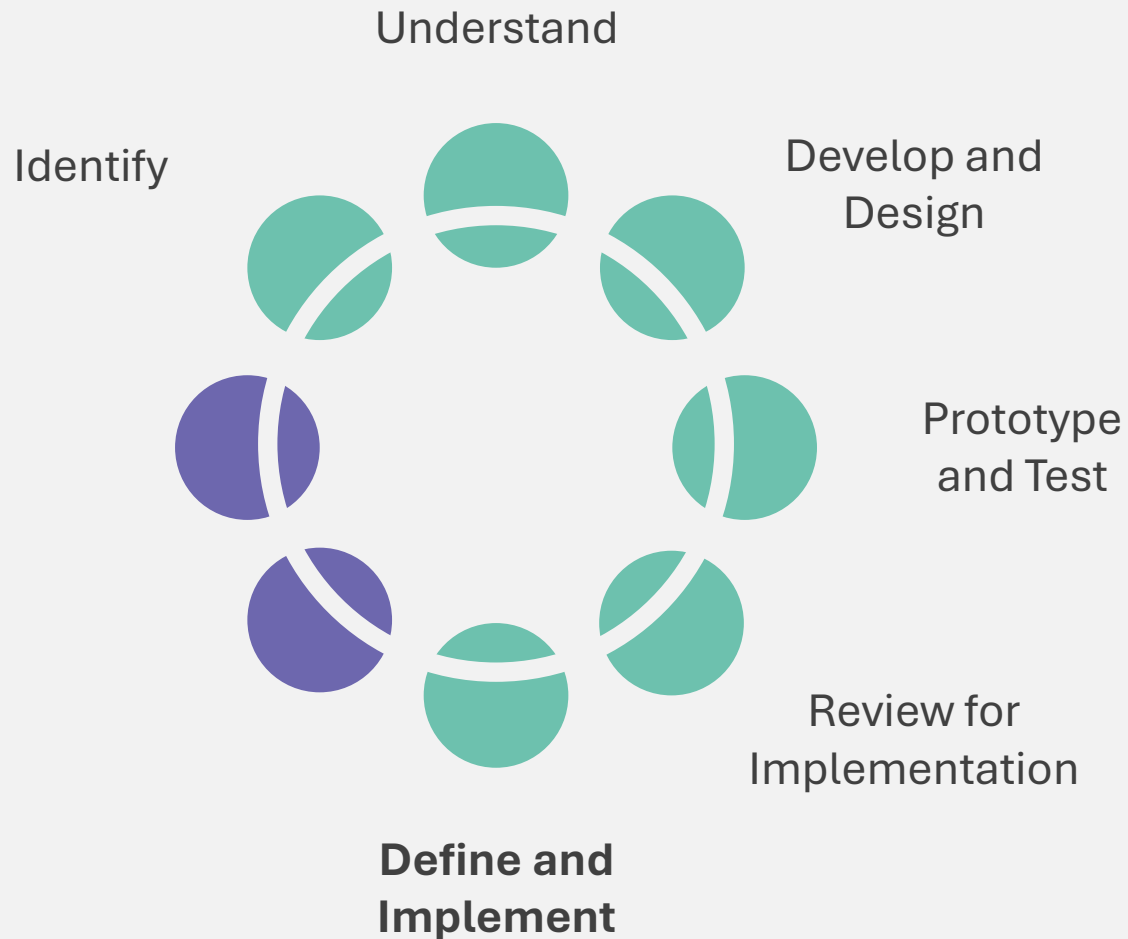
The DR HOPE project followed the 'define and implement step by:

- **establishing that the trigger checklist is not universal**, it's for people who present with drug-related issues
- **agreeing the version of the trigger checklist to be implemented**
- **establishing a low threshold for referral** – assertive outreach initiated for a 'yes' response to either of the two screening questions and to any one of the 10 risk questions
- **identifying the need to assure staff when it is best practice to share confidential information without consent**, and
- **identifying the pivotal role of the outreach workers**.

Healthcare Improvement Scotland

Understand

Develop and Design

Prototype and Test

Review for Implementation

Define and Implement

Embed and Sustain

Identify

Healthcare Improvement Scotland
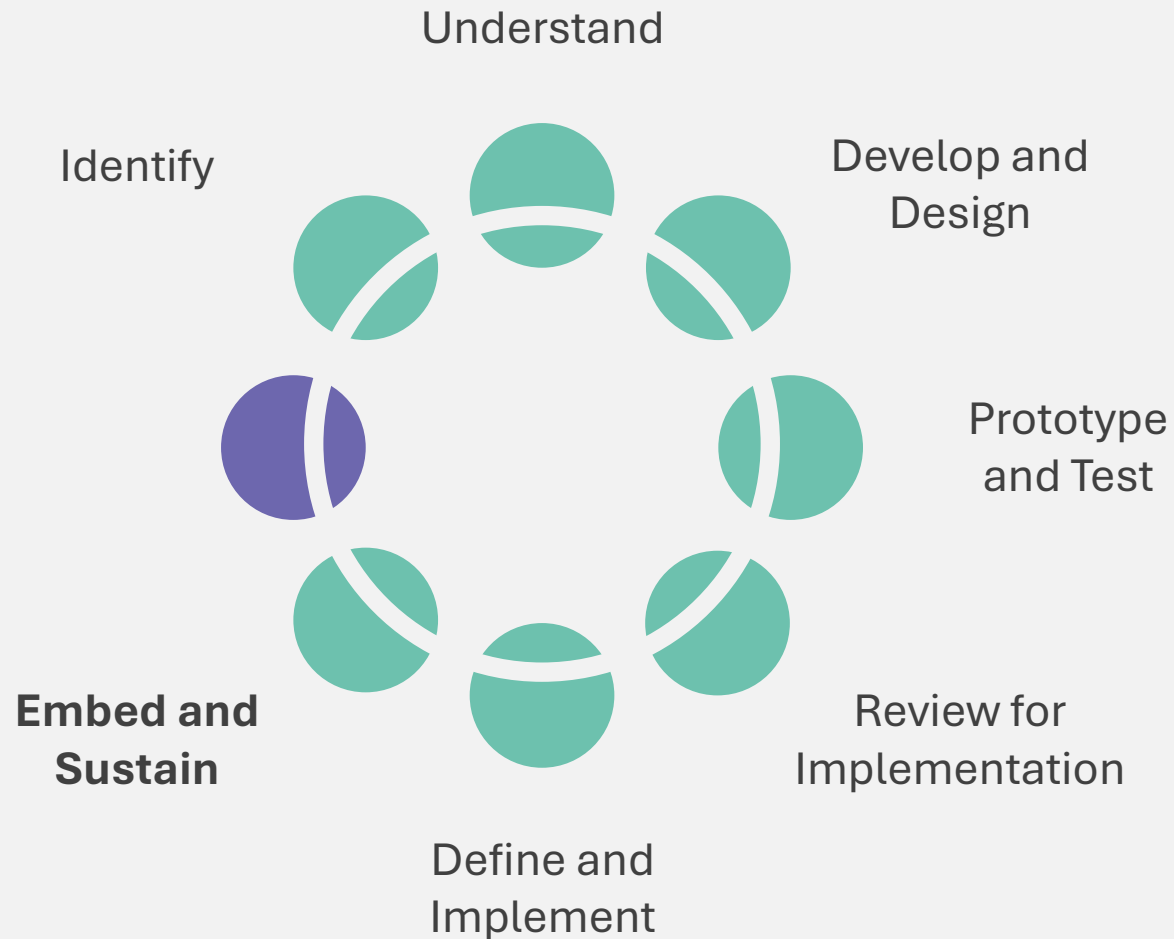
The DR HOPE project has followed the 'embed and sustain' step by:

- **maintaining ongoing data collection** whilst reducing data burden (reduced number of measures)
- continuing **relational coordination** (outreach workers' twice daily visits to ED) and maintaining relationships across services
- **providing feedback** from outreach workers to ED staff of positive case studies
- reinforcing the need for **situational awareness**
- ensuring **strategic support for concern over data sharing** across services
- **using funding differently** (two outreach workers were funded from an unfilled nurse post), and
- ensuring continued **leadership buy-in.**

Understand

Identify

Develop and Design

Review for Spread

Prototype and Test

Embed and Sustain

Review for Implementation

Define and Implement
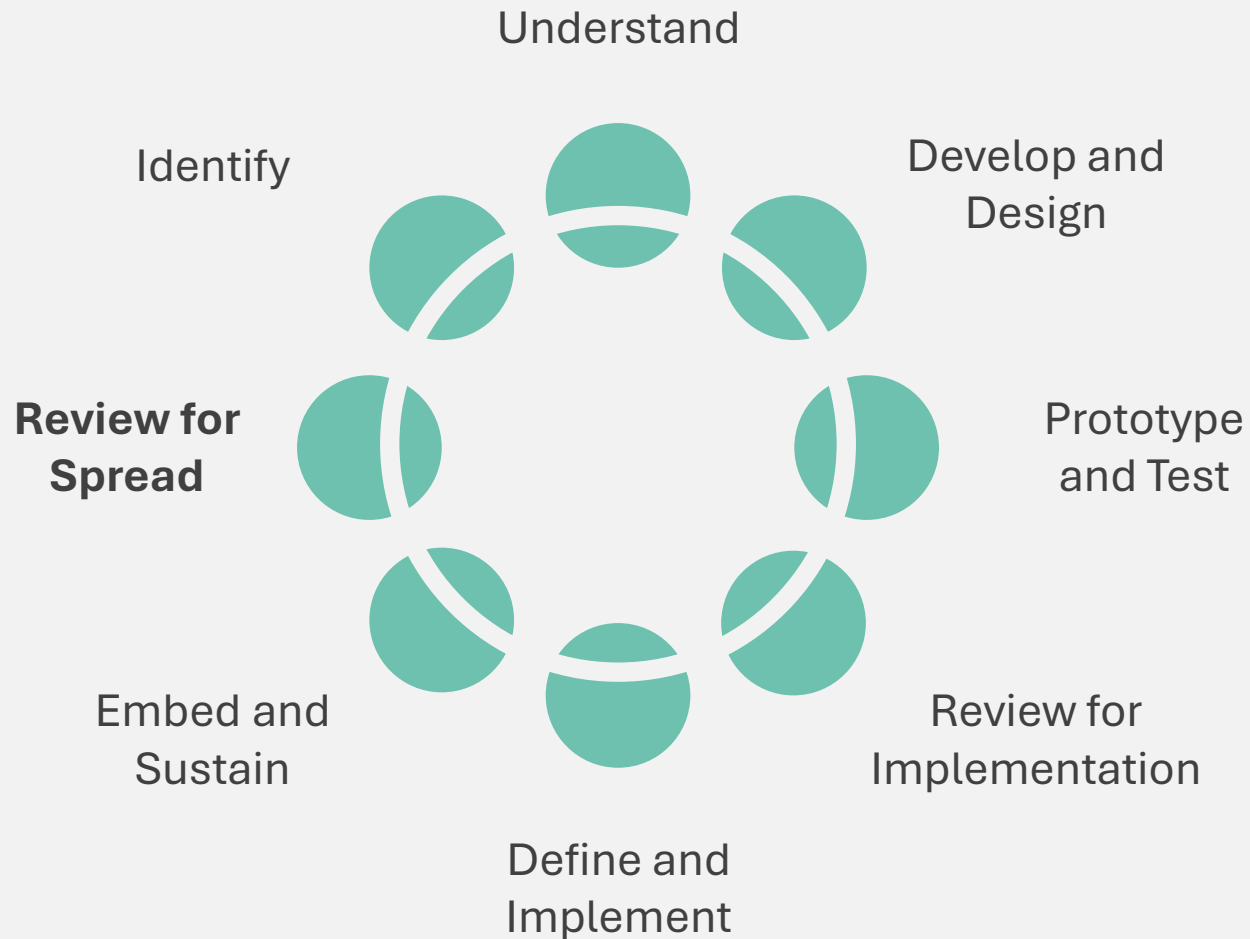
The DR HOPE project followed the 'review for spread' step by:

- **testing and implementing the trigger checklist in different contexts** – but starting from a more informed place
- **securing funding for further testing** in other remote and rural contexts, urban EDs, or other services, and
- adapting **the pathway to embedding use of the trigger checklist in and across services**, informed by the learning from this project.

Healthcare Improvement Scotland

Process rigour

People led

Leadership and culture

Clear vision and purpose

The Enablers for Change

Why did it work?

Healthcare Improvement Scotland

Clear vision and purpose is necessary to provide direction, motivation, and alignment for everyone involved, ensuring efforts are focused and effective.

- The DR HOPE project made sure a clear vision and purpose underpinned the work by ensuing:
  - a **shared understanding** of the current system, the impact on people, the evidence base and the need for change
  - **ongoing changes were aligned to the aim** i.e. not everything could be tested such as theories of what occurred during proactive outreach
  - the project had **agreed boundaries and limits to make it doable**, and
  - when things got tough, **the purpose of reducing drug-related harm in the community was reinforced**.

healthcare Improvement Scotland

Leadership, culture, and a whole system approach are key to ensuring changes are sustainable.

- The DR HOPE project ensured supportive leadership and a positive culture underpinned the work by:
  - **engaging all leaders** from the start
  - behaving in a way that **aligns with values** – everyone has an equal voice
  - having a **motivating service recovery lead**
  - creating space to **address staff concerns**
  - accepting **"we don't always get it right, but we want to get better"**, and
  - understanding the need for **strategic input** to remove the barrier to information sharing without consent.

A people led approach to change is crucial to ensuring the result of the change is also people led.

- The DR HOPE project ensured a people led approach by:
    - **engaging everyone from the start** – even when things were not clear
    - **co-designing** the trigger checklist and pathway
    - **listening to people and their loved ones** who access recovery services
    - **ensuring outreach** for all at risk of drug-related harm in the community, and
    - **demonstrating listening** by testing changes suggested by frontline workforce.

Process rigour

People led

Leadership and culture

Clear vision and purpose

Healthcare Improvement Scotland

Process rigour means deliberately and systematically going through a structured process to ensure high-quality and reliable outcomes are achieved.

- The DR HOPE project ensured process rigour by:
    - establishing good **project management**
    - ensuring **governance, contracts and finance** were in place (patience needed here)
    - **managing risk** around information sharing and potential overwhelm on the service, and
    - using **QI tools and techniques** and embedding **realist evaluation**.

Process rigour

People led

Leadership and culture

Clear vision and purpose

Healthcare Improvement Scotland

What outcomes have been achieved?

- Over the project duration (12 months) the number of trigger checklists received from the rural ED was 49.

- The run chart shows that the average number of referrals from the rural ED doubled from 2 per month to 4 per month.

- All appropriate persons (n=39) were outreached within 48 hours and 97% (38) were offered/engaged in support.

NHS Highland Caithness DARS

Emergency Dept Trigger Checklist (TCs)
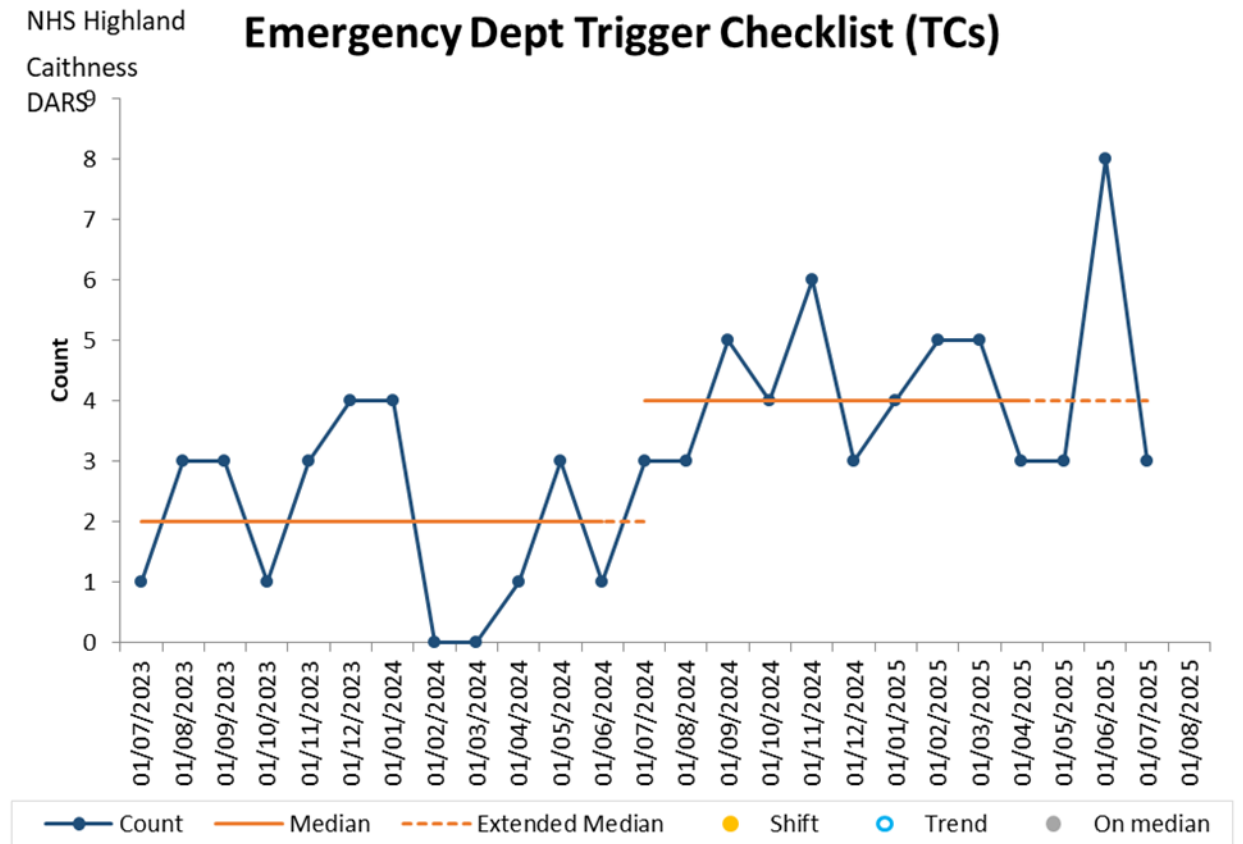
What outcomes have been achieved?

- The run chart shows an increase in the number of days between non-fatal overdoses in this rural community.

- The yellow dots highlight a 'shift' which indicates that this pattern is unlikely to be by chance. Rather the outcome of fewer non-fatal overdoses is an improvement.

- Outreaching quickly can potentially save lives.

Caithness DARS MAT3 Project — Days Between Non-fatal Overdose
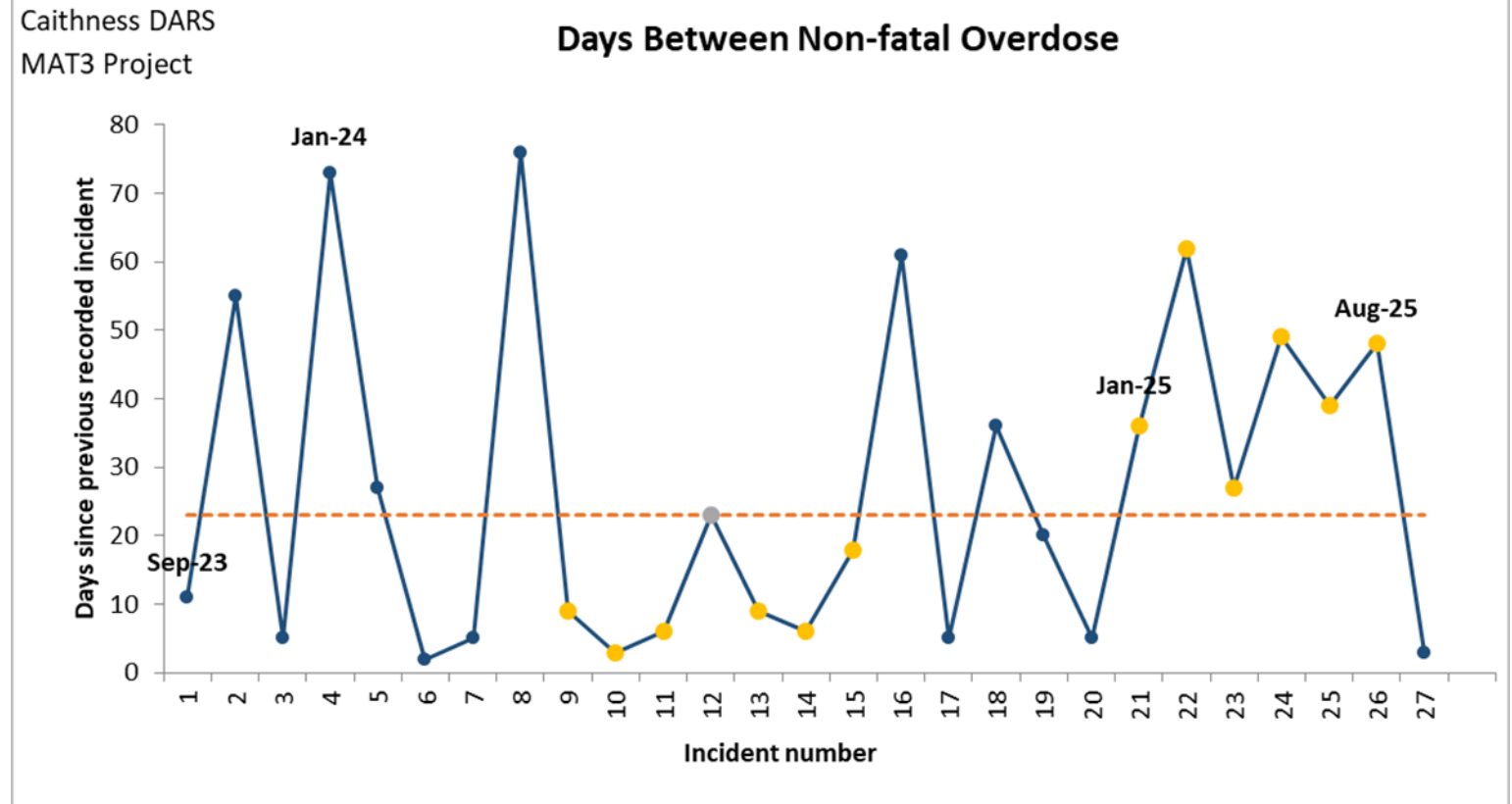
What outcomes have been achieved?

Realist Evaluation Headlines

- Outreach workers were pivotal: their presence and expertise acted as both a visual prompt and relational bridge.
- Checklist is not universal: it's used only when there's a clear drug-related issue.
- Confidentiality limits use: staff with privacy concerns will not complete the trigger checklist without the person's consent.
- Flexible questioning: not all items need to be answered to initiate outreach.
- Risk questions are useful: they help initiate meaningful drug-related conversations.
- Trust built through consistency: twice-daily ED visits by outreach workers fostered rapport and trust.
- Altruism drives engagement: positive stories and a sense of purpose encouraged trigger checklist completion.

Healthcare Improvement Scotland